Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Thom Tillis PO Box 60148 ADDRESS (number and street) (Check if address is changed) Washington 20039 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS les@leswilliamson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2020 C00705640 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Williamson, Les, , , Type or Print Name of Treasurer Williamson, Les,,, [Electronically Filed] 05 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	OMMITTEE	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>I</i> .)
(b) X Name of Candidate	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)  Tillis, Thom, R., Sen.,	mplete the candidate
Candidate Party Affiliat	on REP Office Sought: House X Senate President	State NC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Domogratio
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee N		
Friends of The	om Tillis	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pers	son in possession of committee
	nson, Les, , ,	
Full Name	PO Box 60148	
Mailing Address		
	Washington	20039
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	4 - 676 - 7442
. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	nd the name and address of
Full Name William of Treasurer	nson, Les, , ,	
Mailing Address	PO Box 60148	
	Washington	20039
Title or Position Treasurer	CITY STATE  Tolophore number 214	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Name of Bank,		
-		
Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA  22101	ZIP CODE
Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	ZIP CODE
Name of Bank, Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	ZIP CODE
Name of Bank, Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	ZIP CODE
Name of Bank, Mailing Address  Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	ZIP CODE